



THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES

DD_36, Sector-I, Salt Lake, Kolkata 700 064

Website: www.wbuhs.ac.in

Phone (EPBX): 2321-3461 Fax: 2358-0100

No objection Certificate (NOC)
(from Place of Research Work)

To,

The Dean of Faculty,
The West Bengal University of Health Sciences,
DD-36, Sector-I, Salt Lake,
Kolkata-700 064

Sub: No objection Certificate in respect of Dr./ Mr./ Mrs./Ms.....

Dear Sir / Madam,

This is to certify that Mr. /Mrs. /Ms. /Dr.
is applying for admission as a **part-time / full time PhD scholar** under the West Bengal
University of Health Sciences.

The Office/ Institute has **no objection** in his / her joining the PhD program as a **Part-Time / full time scholar** & hereby expressly undertakes to relieve the candidate to enable him / her to complete coursework & PhD research project under the University.

He / She will be allowed to conduct his/her Research work in this Institution in addition to his/her own duties and responsibilities.

Date: / /

Signature of Head of the Institution
with seal and date